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CONFIRMATION NO. 4361

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/710,362	07/04/2004	709	2153			
RULE						
APPLICANTS Eric Schneider, University Heights, OH; ** CONTINUING DATA ***** OCV, August 2008 This application is a CON of 09/653,100 08/31/2000 PAT 6,760,746 and is a CIP of 09/650,827 08/30/2000 PAT 6,901,436 and is a CIP of 09/644,587 08/23/2000 PAT 6,973,505 and is a CIP of 09/598,134 06/21/2000 PAT 6,895,430 and is a CIP of 09/532,500 03/21/2000 PAT 7,136,932 and said 09/653,100 08/31/2000 is a CIP of 09/525,350 03/15/2000 PAT 6,338,082 and is a CIP of 09/440,606 11/15/1999 PAT 6,442,549 and claims benefit of 60/175,825 01/13/2000 and claims benefit of 60/160,125 10/18/1999 and claims benefit of 60/157,075 10/01/1999 and claims benefit of 60/153,594 09/13/1999 and claims benefit of 60/153,336 09/10/1999 and claims benefit of 60/152,015 09/01/1999 ** FOREIGN APPLICATIONS ***** OCV, August 2008 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ** 08/13/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /ONDREJ C VOSTAL/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY OH	SHEETS DRAWINGS 32	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
ADDRESS ERIC SCHNEIDER 1730 SOUTH FEDERAL HWY #104 DELRAY BEACH, FL 33483 UNITED STATES						
TITLE METHOD, PRODUCT, AND APPARATUS FOR PROCESSING A DATA REQUEST						
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		